



National Strategy to Reduce Infant Mortality

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Health Resources and Services Administration

Recommendations for HHS Action and Framework for a National Strategy to Reduce Infant Mortality

Region V COIIN Meeting, March 23-24, 2013

Presentation by Kay Johnson

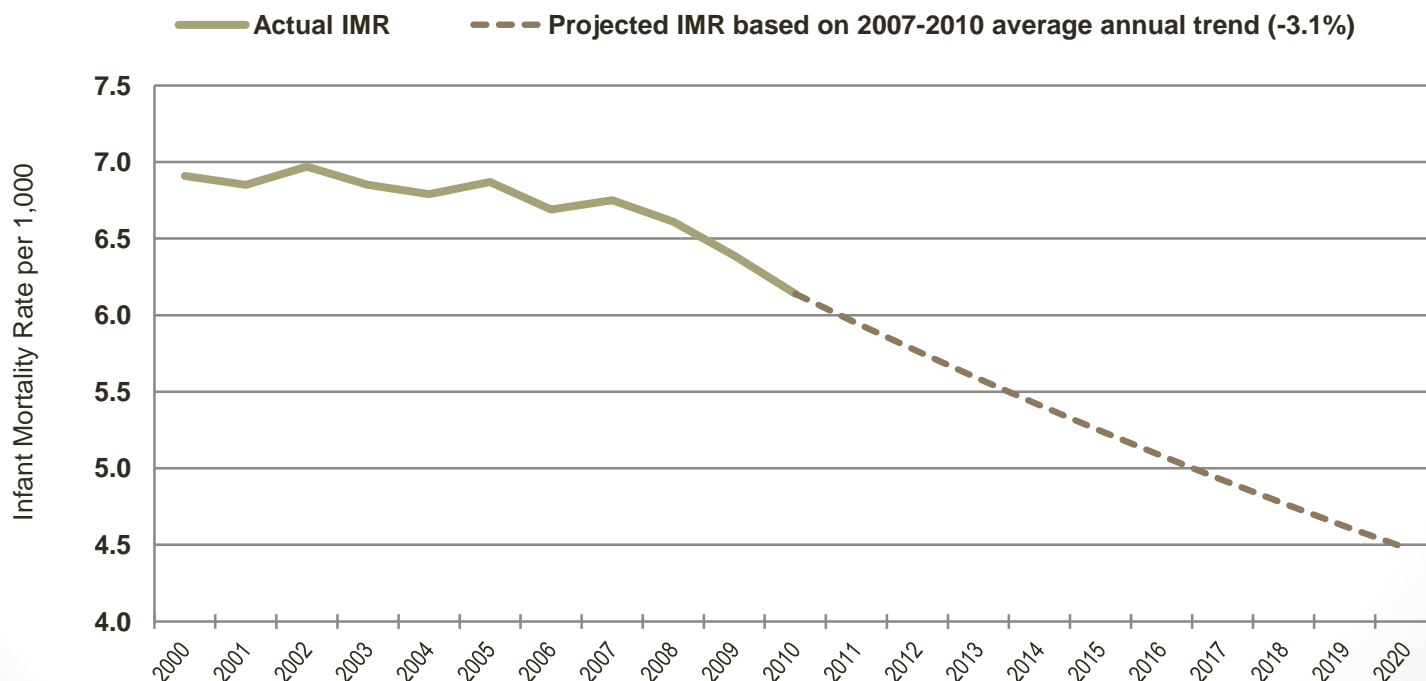
**Chair, Secretary's Advisory Committee on
Infant Mortality**



New Targets for Infant Mortality

- Based on recent trends, SACIM recommends that the targets should be “five-five by fifteen” and “four-five by twenty” – **that is, aim to reduce the infant mortality to 5.5 per 1,000 by 2015, and to 4.5 by 2020.**

Trend in U.S. Infant Mortality Rate,
Actual and Projected to 2020





Principles for a National Strategy to Reduce Infant Mortality

Principles for National Agenda

- **Reflect a life course perspective**
- **Engage and empower consumers**
- **Reduce inequity and disparities and ameliorate the negative effects social determinants**
- **Advance system coordination and integration**
- **Protect existing MCH programs**
- **Leverage change through multi-sector, public and private collaboration**
- **Define actionable strategies that emphasize prevention and are continually informed by evidence and measurement**

Current SACIM Reaffirms Need For Federal Investments in MCH

- **Medicaid**
- **Title V MCH Services Block Grant**
- **Healthy Start**
- **Title X Family Planning Program**
- **Community Health Centers**
- **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program**
- **WIC Supplemental Nutrition Program (USDA)**



STRATEGIES AND RECOMMENDATIONS

No one strategy

- **SACIM came up with more than 35 specific and appropriate strategies.**
- **We see six strategic directions.**
- **We hope that HHS, states, and COIIN teams will use these strategic directions to guide their work.**



Strategic Directions: 6 Big Ideas

- 1. Improve the health of women.**
- 2. Ensure access to a continuum of safe and high-quality, patient-centered care.**
- 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation.**
- 4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.**
- 5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.**
- 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.**



Strategic Direction 1. Improve the health of women before, during, and beyond pregnancy

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- **1.A. Monitor coverage and promote use of women's clinical preventive services.**
- **1.B. Partner with professionals to develop clinical guidelines for well-woman visits.**
- **1.C. Use Medicaid innovation and flexibility to offer states new avenues for delivery of effective interventions.**
- **1.D. Increase efforts to ensure mental/behavioral health and social support services for women.**



Strategic Direction 2. Ensure access to a continuum of safe and high-quality, patient-centered care

Strategic Direction 2. Ensure access to a continuum of safe and high-quality, patient-centered care

- **2.A. Strengthen state capacity through HRSA-MCHB Collaborative Innovation and Improvement Network (COIIN).**
- **2.B. Use Medicaid to drive quality.**
- **2.C. Support quality improvement activities through other agencies, including AHRQ, CDC.**
- **2.D. Require coverage for all newborns and make temporary coverage available to uninsured at birth.**
- **2.E. Maximize the ACA investments in community health centers and workforce capacity, especially in primary care, ob-gyn, and public health.**



Strategic Direction 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of families

Strategic Direction 3. Redeploy key evidence-based, highly effective, preventive interventions to a new generation

- **3.A. Give emphasis through social marketing, health education, and access to preventive services for five key preventive interventions.**
 - **Breastfeeding**
 - **Family planning**
 - **Immunizations**
 - **Safe sleep to prevent SIDS/SUID**
 - **Smoking cessation**
- **3.B. Conduct campaigns to inform families about the warning signs of pregnancy complications and infant risks, and the actions families should take.**



Strategic Direction 4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.

Strategic Direction 4. Increase health equity and reduce disparities by targeting social determinants of health in high-risk communities and addressing poverty.

- **4.A. Convene an interagency expert panel to set goals for closing infant mortality gaps.**
- **4.B. Support and transform the federal Healthy Start program.**
- **4.C. “Turn the curve” on social determinants by concentrating federal investments from multiple programs in place-based, community initiatives.**
- **4.D. Address and alleviate poverty with enhanced use of income supports through TANF, EITC, and other policies.**



Strategic Direction 5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes

Strategic Direction 5. Invest in adequate data, surveillance systems, and research

- **5.A. Invest in Vital Statistics system.**
- **5.B. Incentivize uniform reporting of Medicaid perinatal data from every state to CMS.**
- **5.C. Provide resources to improve PRAMS.**
- **5.D. Make systematic use of quality measures.**
- **5. E. Continue support for other data systems, including: FIMR, Title V, MIECHV, BRFSS, birth defects, immunization and newborn screening.**
- **5.F. Give priority to research regarding the causes and prevention of infant mortality.**



Strategic Direction 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration

Strategic Direction 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration

- **6.A. Engage the National Prevention Council and build upon the National Prevention Strategy.**
- **6.B. Strengthen state health departments with effective federal-state partnerships.**
- **6.C. Maximize the potential of public-private partnerships.**
- **6.D. Engage women in efforts to prevent infant mortality, improve women's health, and strengthen family health and well-being.**

SACIM 2011-12 Workgroups

<http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/About/about.html>

- National Agenda
 - Cox, Dennergy, Jackson, Johnson, Labbok, Martin, Petrini, Shepherd, Sheridan, Shields
- Health Care Reform
 - Johnson, Chesna, Corwin, Martin, Petrini, Pressler, Shields
- Health Equity
 - Troutman, Bartel, Jackson, Parker-Dominguez,
- Health Care Financing
 - Handler, Chesna, Johnson, Sanders, Shields, Troutman
- Healthy Start
 - Jackson, Gibson, Handler, Johnson, Kotelchuck, Martin, Shepherd, Shields



Region V Infant Mortality Summit

Collaborative Improvement and
Innovation Network (ColIN)

Contract Team

March 21-22, 2013

Chicago, Illinois



Role of the CoIIN Contract Team



- Provide technical assistance and support to the CoIIN Strategy Teams in 3 Areas
 - Application of quality improvement principles and practices through an adaption of the Model for Improvement
 - Collaborative learning via a shared web space (Onehub)
 - Measurement and data dashboard
- We advise and support the teams; the teams are in charge!

CoIIN Contract Team: Who We Are



- Abt Associates
 - Prime contractor
 - Public health/MCH/Title V backgrounds
 - MCH epidemiologists
 - Research and evaluation
 - Experience in the use of QI practices and principles in public health
- National Initiative for Children's Healthcare Quality (NICHQ)
 - Experts in the use of the QI practices and principles (Model for Improvement)
 - Perinatal health

What Is a CoIN?



- CoIN, or Collaborative Innovation Network
 - Team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information, and work.¹
- Key Elements of a CoIN
 - Being a “**cyber-team**” (Most work distance-based)
 - **Innovation** comes through **rapid and on-going communication** across all levels.
 - Work in **patterns** characterized by **meritocracy, transparency, and openness** to contributions from everyone.
 - Innovations developed are **open and disruptive**.
- CoIN adapted by MCHB to reflect focus on both innovation and improvement to Collaborative **Improvement & Innovation** Network (CollIN) to Reduce Infant Mortality.

CoIIN Quality Improvement



Leading,
Building Will

**Decreasing
Infant
Mortality**

Ideas for
Systems
Improvement
Driver Diagram

Executing and
Spreading
Change
Strategies, Testing and
Measurement

Initial Steps in Undertaking an Improvement Project



- Develop aim statement
 - What you are trying to accomplish (e.g., decrease smoking among pregnant women)
- Develop driver diagram
 - Ties aims to topic areas to drivers to strategies
 - Helps to understand and identify the range of strategies and changes
- Develop specific strategies/populations targeted
 - Assess readiness for change
- Implement strategies using Model for Improvement

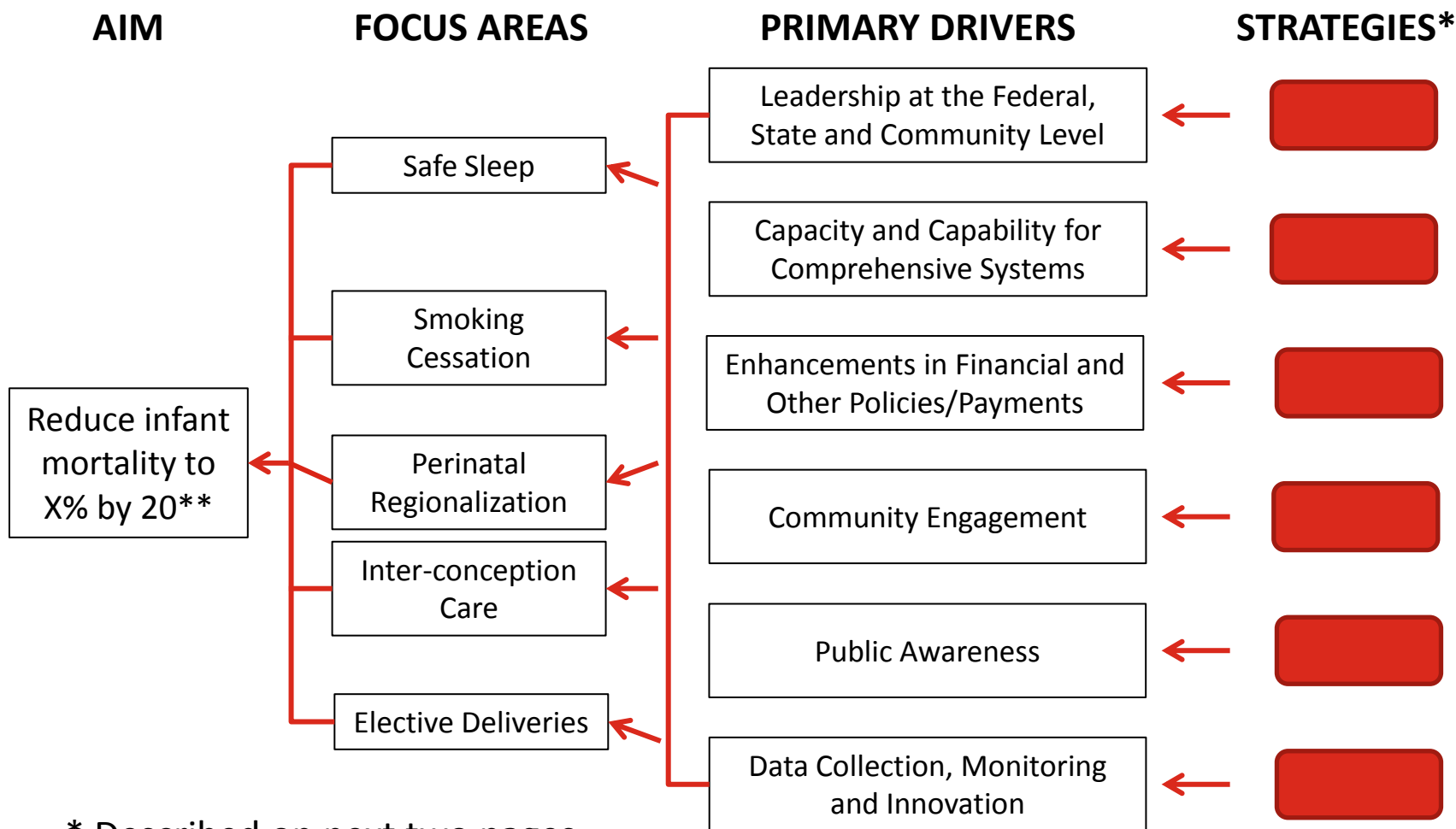
Initial Steps in Undertaking an Improvement Initiative



- Identify measures (3 types)
 - Overall infant mortality
 - Strategy teams
 - Change measures for projects within strategies
- Measures tie strategies back to state plans

Infant Mortality CoIIN Project Example

Overall Driver Diagram: Regions IV & VI



* Described on next two pages

CoIN Infant Mortality Project

Overall Strategies of Primary Drivers



Primary Driver

Leadership
at the
Federal,
State and
Local Level



Strategies

- ☐ Identify and engage leaders/stakeholders /champions at all levels to ensure/advocate for:
 - CoIN strategies and activities
 - competent, trained, available workforce
 - use of national guidelines as standards
 - use of national data for improvement
- ☐ Mobilize political will through an articulate case of the needs and engagement of legislators, advocates, providers and public health professionals

CoIIN Infant Mortality Project

Overall Strategies of Primary Drivers



Primary Driver

Strategies

Capacity and
Capability for
Comprehensive
Systems



- ☐ Identify and engage the participants to be involved in the intervention(s)
- ☐ Provide training in strategy areas, relevant standards and guidelines (e.g., ACOG, AAP), quality improvement and outcomes
- ☐ Identify and secure funding and resources necessary to implement intervention/activities
- ☐ Develop (as needed), implement standardized care, including approaches and tools
- ☐ Systems coordination and integration (e.g., referrals, Title V programs)
- ☐ Create learning system for improvement in provider, public health and community settings
- ☐ Use the Life Course Model as a framework for change

CoIIN Infant Mortality Project

Overall Strategies of Primary Drivers *(Continued)*



Primary Drivers

Strategies

Changes and Enhancements in Financial and Other Policies/ Payments



- ☐ Identify and implement the specific insurance (e.g., Medicaid) payment policies and practices to be changed, including reimbursement practices and potentially hard stops
- ☐ Identify financial implications of policy and payment changes
- ☐ Develop and implement supportive regulations and laws, as appropriate

Community Engagement



- ☐ Secure community involvement through advisory groups, community forums, etc. to include/prioritize the family and community voice
- ☐ Identify and engage community partners (e.g., perinatal collaboratives, home visiting/case management programs) for enhanced collaboration/coordination

CoIIN Infant Mortality Project

Overall Strategies of Primary Drivers *(Continued)*



Primary Drivers

Strategies

Public
Awareness

- ☐ Develop/adapt strategy messages and distribute through public education and social media
- ☐ Coordinate consistent messaging at the Federal, state and community level

Data
Collection,
Monitoring
and
Innovation

- ☐ Identify data elements and acquire data for benchmarking
- ☐ Use data to support feedback for improvement
- ☐ Identify best practices /innovations

The Model for Improvement



Model for Improvement



Lessons Learned from Early CoIIN Work



- Introduce CoIIN framework early to all Region V CoIIN participants (e.g., via webinar)
 - QI concepts/principles and practices
 - Team building
 - Importance of measures and data sharing
 - Refresh and re-visit, as needed
- Determine and communicate roles and responsibilities
 - CoIIN participants at the strategy and state level, and Contract Team members
 - Include expectations and time commitments
 - Identify early; revisit, as needed

Lessons Learned from Early CoIIN Work (Continued)



- Development of specific strategies
 - Identify best practices to inform the strategies selected
 - Share on calls and through the collaborative learning space
 - Select “do-able” strategies (e.g., number and scope)
 - In work plans that include leads and timelines, include strategy development and implementation, and measures
- Web-based collaborative learning space
 - Important to introduce its uses to participants early (e.g., via webinar) for sharing information and documents

Lessons Learned from Early CoIIN Work (Continued)



- Measures and data dashboard
 - Introduce measures and dashboard as part of CoIIN framework
 - Communicate measure/dashboard development with teams
 - Integration of data experts from the beginning

Next Steps: Region V Technical Assistance (TA)



- Meet with the Strategy Teams to:
 - Identify strategic areas selected; participants, including roles and responsibilities; and TA needs
 - Describe the TA resources available
 - Introduce the Contract Team
- Provide introduction to QI concepts, principles and practices
- Provide an orientation to the collaborative learning space

Next Steps: Region V Technical Assistance (TA)



- With the Strategy Teams, develop TA plans
- Plan may include:
 - Readiness of teams
 - Technical Assistance in the development of aim statements and driver diagrams
 - Review of and feedback on strategy-specific work plans
 - Coaching on PDSA cycles, including change measures
 - Measures: data collection and dashboard

Contract Team Contact Information



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Thank you.

We look forward to working with
you!

Break

